

KICKSTART (FB01)

PROVIDENCE COMMUNITY SERVICES

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES PREVENTION & EARLY INTERVENTION PROGRAMS

FISCAL YEAR 2012 – 13 ANNUAL REPORT

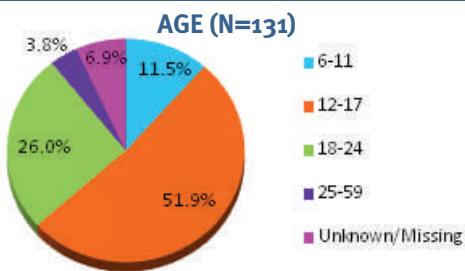


REGION: CENTRAL & NORTH CENTRAL- DISTRICT 4

The purpose of this program is to provide prevention and early intervention services to children, adolescents and transition-age youth (TAY) who may have prodromal symptoms of psychosis. The prevention component of the program focuses on community leaders who may have contact with children, youth and TAY in general community settings. These community leaders are provided education and information on early detection of behaviors and symptoms that are risk factors for the development of psychosis. The early intervention component provides an initial screening for youth who are identified as being at-risk for the development of psychosis. Youth who screen positive and decide to participate in the program receive in-depth assessments of their mental health and overall functioning. Youth also receive psycho-education classes, support services, and treatment interventions.

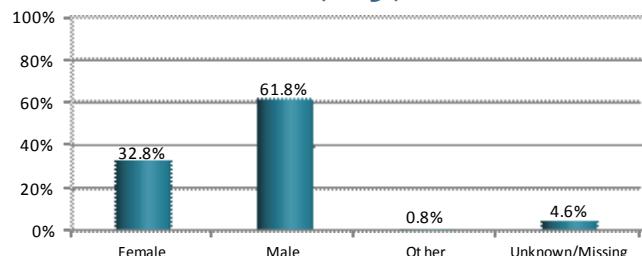
CONTRACTOR: Providence Community Services	
CONTRACT START DATE: 12/1/2009	DATA COLLECTION START DATE: May 2010
PROGRAM SERVICES START DATE: 4/1/2010	REPORT PERIOD: 7/1/2012-6/30/2013
NUMBER OF YOUTH CLIENTS WITH DATA IN FY 2012-13: 131 (Unduplicated) NUMBER OF COMMUNITY CLIENTS WITH DATA IN FY 2012-13: 479 (Duplicated)	PARTICIPANTS SERVED SINCE PROGRAM INCEPTION (Duplicated): Community Members who received trainings: 1447 Youth screened: 445 Youth enrolled: 212

YOUTH DEMOGRAPHICS



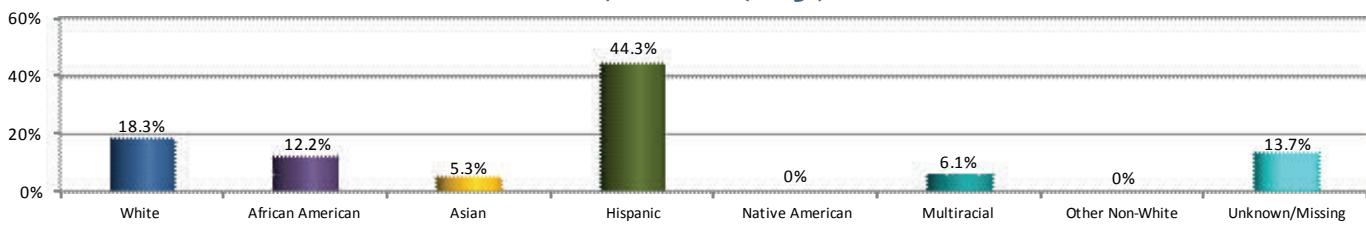
Adolescents and TAY ages 12-24 comprised approximately 78% of the population served.

GENDER (N=131)



Sixty-two percent of the participants who received services were male.

RACE/ETHNICITY (N=131)



Forty-four percent of the participants who received services identified their race/ethnicity as Hispanic; 86% of Hispanic clients indicated they were of Mexican American/Chicano origin. Approximately 14% of all participants did not identify their race/ethnicity.

MILITARY SERVICE

Of the 85 participants who responded to this question, 93% indicated that their caregiver had not served in the military. Of the six participants who reported that their caregiver had served in the military, 3 (50%) served in the Navy and 3 (50%) did not identify the branch in which their caregiver served.

PHONE SCREENS

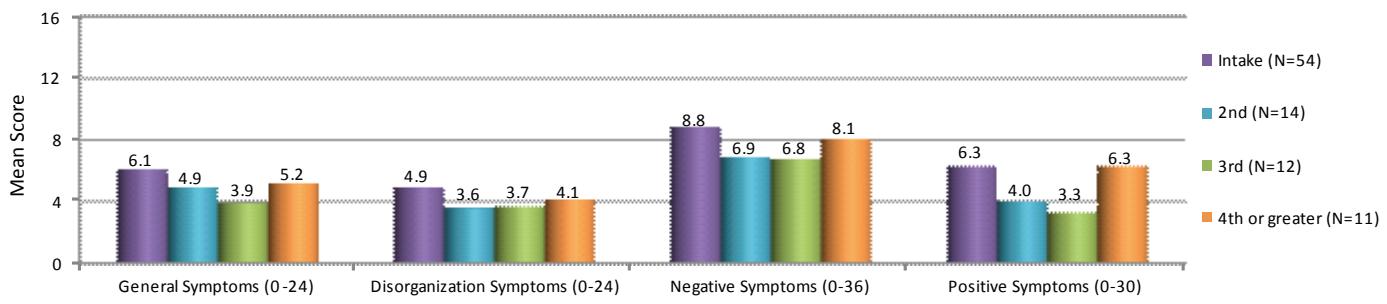
SYMPTOMS REPORTED AT INITIAL SCREENING	N	%
Changes in thinking (odd ideas, grandiosity, suspiciousness, difficulty concentrating), N=49	47	95.9
Changes in perception (auditory, visual, tactile, olfactory abnormalities), N=47	43	91.5
Changes in speech (disorganized communication, tangential speech), N=42	36	85.7
Changes in view (of self, others, or the world in general), N=47	39	83.0
Changes in emotions (depression, mood swings, irritability, flat affect), N=50	47	94.0
Vegetative symptoms (sleep problems, changes in appetite, social isolation), N=50	46	92.0
Family history of mental illness (schizophrenia, bipolar disorder, schizoaffective disorder, psychosis), N=46	31	67.4
Dramatic reduction of overall functioning, N=44	36	81.8

In FY 12-13, 81 youth were screened for admission into the Kickstart program. Of those 81 youth, 64 were eligible for a further evaluation. Of the 64 youth who were evaluated, 51 were eligible for Kickstart services. Not all clients had complete data for every item on the phone screen. The majority of the clients who screened positive for the Kickstart program had experienced changes in emotions, changes in thinking, and vegetative symptoms. Most of the clients had experienced a dramatic reduction in functioning.

PARTICIPANTS' CHANGE OVER TIME

CHANGE IN PRODROMAL SYMPTOMS

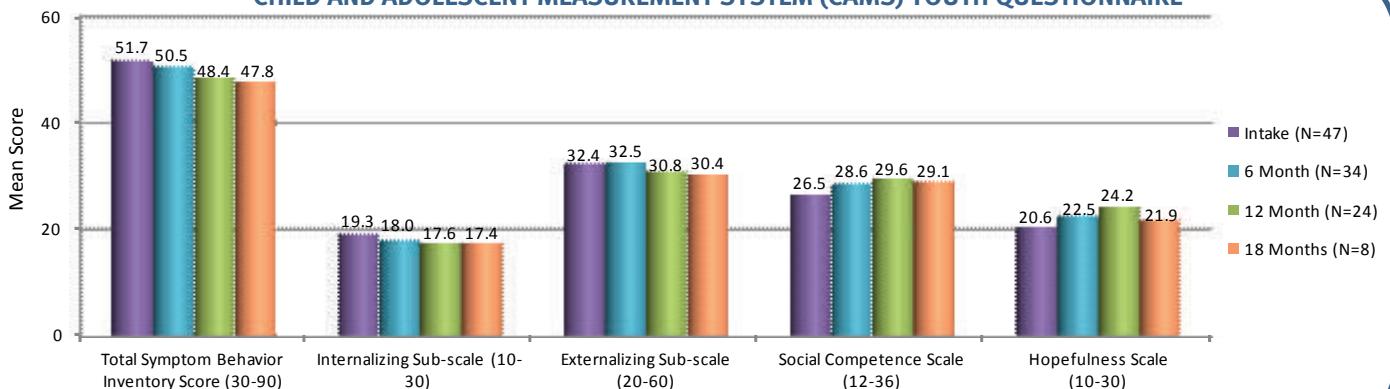
SCALE OF PRODROMAL SYMPTOMS (SOPS)



Higher scores on any of these SOPS domains indicate higher symptom severity. On average, by the fourth or greater assessment, the severity of prodromal symptoms decreased as compared to intake. Additional analyses were conducted with participants who had both an intake and a second assessment. Participants included in these analyses showed statistically significant improvements in the Positive Symptoms scale (N=30, p<.01) and in the Disorganization Symptoms scale (N=30, p<.05).

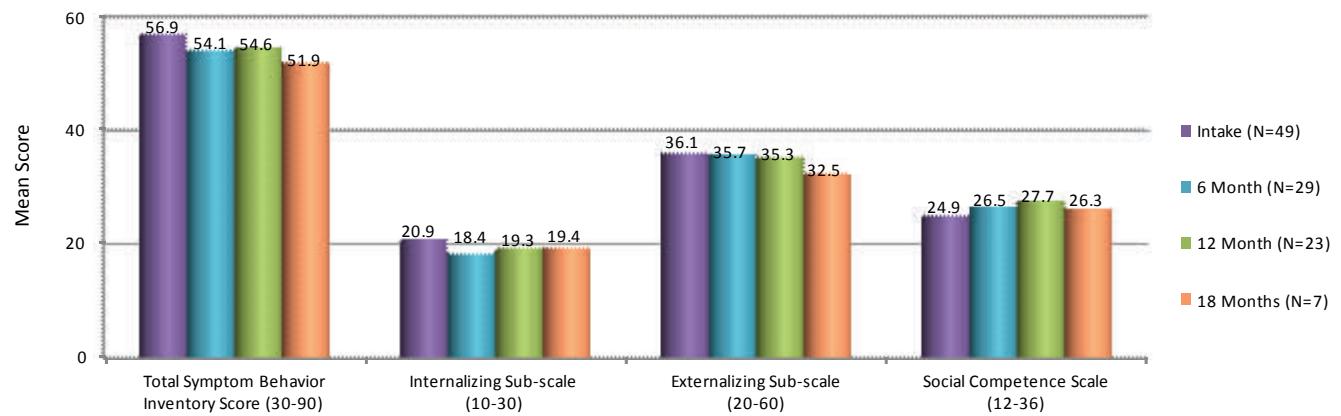
CHANGE IN GENERAL MENTAL HEALTH SYMPTOMS

CHILD AND ADOLESCENT MEASUREMENT SYSTEM (CAMS) YOUTH QUESTIONNAIRE



A *decrease* on the Total Symptom Behavior, Internalizing or Externalizing scale indicates improvement, and an *increase* on the Social Competence or Hopefulness scale indicates improvement. Twelve months after entry into the Kickstart program, the majority of youth participants reported slight improvements in symptoms of internalizing and externalizing disorders as compared to intake. On average, youth reported an increase in their own social competence and their feelings of hopefulness. A decrease was noted in the hopefulness and social competence scales at 18 months as compared to 12-month scores. However the number of youth with 18-month assessments was very small and thus these results may not be generalizable. Additional analyses were conducted with participants who had both an intake and a second assessment. Participants included in these analyses showed statistically significant improvement in their total scores (N=45, p<.001) and their scores on each of the subscales– Internalizing (N=45, p<.001), Externalizing (N=45, p<.001), Social Competence (N=44, p<.01) and Hopefulness (N=44, p<.01).

CHILD AND ADOLESCENT MEASUREMENT SYSTEM (CAMS) PARENT QUESTIONNAIRE



A *decrease* on the Total Symptom Behavior, Internalizing or Externalizing scales, and an *increase* on the Social Competence scale, indicates improvement. Twelve months after entry into the Kickstart program, most parents reported improvement in their child's social competence, as well as symptoms of internalizing and externalizing disorders, as compared to intake. A decrease was noted in the parent report of their child's social competence at 18 months as compared to 12-month scores. However, the number of parents with 18-month assessments was very small and thus these results may not be generalizable. Additional analyses were conducted with participants who had both an intake and a second assessment. Participants included in these analyses showed statistically significant improvement in their total scores (N=41, p<.001) and their scores on each of the subscales– Internalizing (N=41, p<.001), Externalizing (N=41, p<.01) and Social Competence (N=41, p<.001).

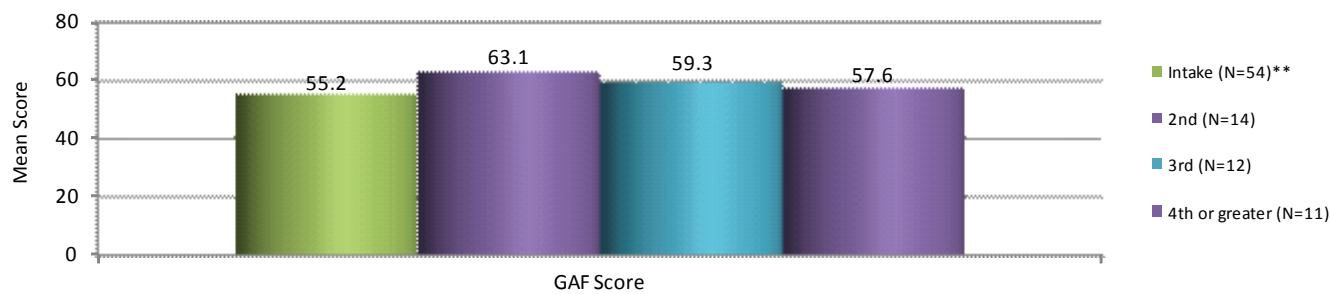
CHILDREN'S FUNCTIONAL ASSESSMENT RATING SCALE (CFARS)

CFARS Domain (1-9)*	Intake (N=23) Mean (SD)	Second Assessment (N=15) Mean (SD)	Third Assessment (N=8) Mean (SD)
Depression	4.0 (1.8)	3.3 (1.4)	3.3 (0.8)
Anxiety	3.5 (1.3)	3.8 (1.6)	3.6 (1.4)
Hyperactivity	2.9 (1.4)	3.3 (1.6)	3.0 (1.6)
Thought Process	4.0 (1.7)	3.6 (1.6)	3.7 (1.5)
Cognitive Performance	3.3 (1.7)	2.7 (1.7)	2.6 (1.8)
Medical /Physical	1.2 (0.7)	1.0 (0.0)	1.3 (0.7)
Traumatic Stress	2.3 (1.6)	3.0 (2.4)	2.9 (1.4)
Substance Use	1.9 (1.6)	1.3 (0.5)	2.0 (1.6)
Interpersonal Relationships	3.6 (1.4)	3.4 (1.8)	2.5 (1.4)
Behavior in "Home" Setting	3.2 (2.0)	3.1 (2.2)	2.7 (1.3)
ADL Functioning	1.7 (1.3)	1.5 (0.7)	1.5 (0.7)
Socio-Legal	1.4 (0.8)	1.7 (1.4)	1.9 (1.7)
Work/School	4.7 (2.0)	3.7 (1.7)	4.0 (1.8)
Danger to Self	2.5 (2.1)	2.0 (1.3)	3.0 (1.3)
Danger to Others	1.2 (1.4)	1.8 (1.5)	1.9 (1.7)
Security/Management Needs	1.8 (1.3)	2.1 (1.5)	2.2 (1.5)

A decrease on any CFARS variable is considered an improvement. On average, clinicians reported improvement on 10 of the 16 CFARS domains from intake to the second assessment. However, the number of clients with a third assessment was very small and thus these results may not be generalizable. Additional analyses were conducted with participants who had both an intake and a second assessment. Participants included in these analyses showed statistically significant improvements in depression (N=19, p<.01), hyperactivity (N=19, p<.01) and thought process (N=19, p<.01) domains.

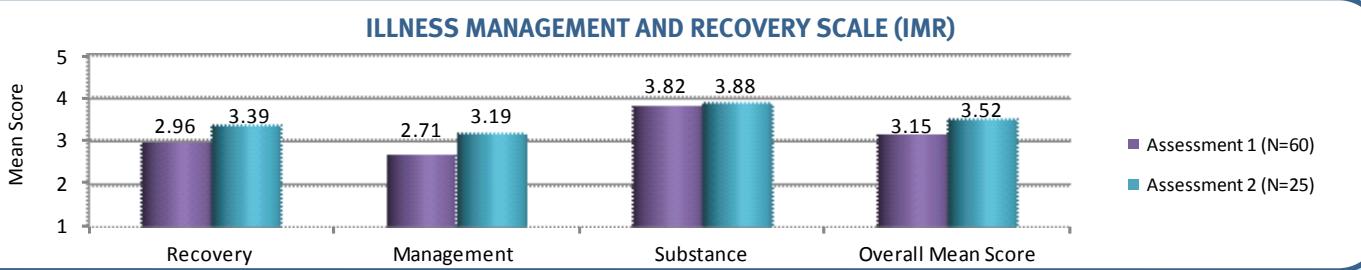
* Range of Scores: 1 = No Problem, 9 = Extreme Problem.

CHANGE IN GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORES

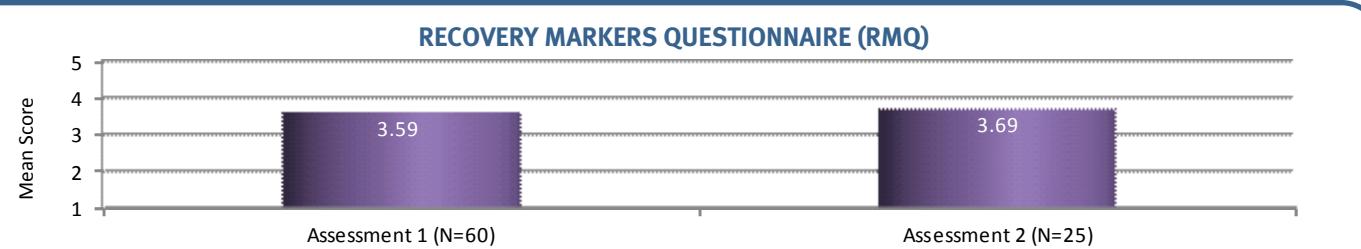


The GAF is scored on a scale of 0-100; a higher score indicates better social and psychological functioning. On average, participants' functioning had improved by the fourth or greater Kickstart assessment as compared to intake.

**2 participants were missing a GAF score.



The IMR assessment is completed by clinicians for participants who are ages 18 and older. Scoring ranges between 1-5; an increase on any IMR domain indicates improvement. Client scores on the IMR increased following intake into the Kickstart program. This indicates that clients became better at managing their illness and achieving their goals. An additional analysis was conducted with participants who had both an intake and a second assessment. Participants included in this analysis showed statistically significant improvements on the management sub-scale (N=25, p<0.1).



The RMQ assessment is given to participants who are ages 18 and older. Scoring ranges between 1-5; an increase on the RMQ indicates improvement. On average, client scores on the RMQ showed an increase from the first to the second assessment in the Kickstart program.

SUBSTANCE ABUSE TREATMENT SCALE-REVISED (SATS-R)		
SATS-R STATUS	Intake (N=54) n (%)	Second Assessment (N=16) n (%)
In Remission or Recovery	22 (40.7%)	4 (25.0%)
In Treatment	12 (22.2%)	8 (50.0%)
Persuasion*	7 (13.0%)	2 (12.5%)
Engagement†	8 (14.8%)	2 (12.5%)
Pre-Engagement‡	5 (9.3%)	0 (0%)

By the second assessment, the majority (75%) of Kickstart clients who received a SATS-R were in treatment or in remission/recovery.

*Client has regular contact with a counselor or case manager and has reduced his or her substance abuse in the past month.

†Client has some contact with a case manager and/or counselor and meets criteria for substance abuse or dependence.

‡Client does not have contact with any case managers or counselors and meets criteria for substance abuse or dependence.

CHANGE IN SUBSTANCE ABUSE TREATMENT SCALE-REVISED (SATS-R, N=16)*		
CHANGE	N	%
Decline†	5	31.3
No Change	4	25.0
Positive Change	5	31.3
Remission both time points	2	12.5

Forty-four percent of Kickstart clients improved or sustained remission from intake to most recent assessment.

*Change in SATS-R status for clients with an intake and second assessment.

†A decline in remission status is considered a movement downward in the SATS-R status domain chart above.

PARTICIPANTS' CHANGE IN FUNCTIONING (clients ages 18 and up)

RESIDENTIAL STATUS		
RESIDENTIAL STATUS DOMAINS	Intake (N=30) n (%)	Last Assessment (N=25) n (%)
Assisted/Supported*	17 (56.7%)	16 (64.0%)
Independent Living Facility	7 (23.3%)	4 (16.0%)
Supervised Facility	4 (13.3%)	4 (16.0%)
Treatment Institutions	1 (3.3%)	0 (0.0%)
Homeless not seeking change†	1 (3.3%)	1 (4.0%)

Sixty-four percent of Kickstart clients were in an assisted/supported living situation (this includes youth living at home with their family) at the most recent assessment.

*Client lives in a house, apartment or similar setting and may live alone or with others. Client has considerable responsibility for residential maintenance, but receives periodic visits from mental health staff or family for monitoring and/or assisting with residential responsibilities.

†Client is not working toward obtaining housing.

CHANGE IN RESIDENTIAL STATUS (N=24)*		
CHANGE	N	%
Decline†	6	25.0
No change	16	66.7
Positive Change	2	8.3

Nearly 67% of Kickstart clients did not experience a change in residential status from intake to most recent assessment.

*Change in residential status for clients with an intake and second assessment.

†A decline in residential status is considered a movement downward in the residential status domain chart above.

EDUCATIONAL STATUS		
EDUCATIONAL STATUS DOMAINS	Intake (N=31) n (%)	Last Assessment (N=25) n (%)
Trade School	2 (6.5%)	2 (7.4%)
Vocational Center	7 (22.6%)	7 (25.9%)
High School or GED	0 (0.0%)	0 (0.0%)
Adult Education	12 (38.7%)	2 (7.4%)
Other	0 (0.0%)	1 (3.7%)
Exploring Education	0 (0.0%)	0 (0.0%)
Considering Education	3 (9.7%)	7 (25.9%)
No education of any kind	4 (12.9%)	6 (22.2%)
Missing	3 (9.7%)	2 (7.4%)

A greater percentage of Kickstart clients were considering education at most recent assessment (26%), as compared to intake (10%).

CHANGE IN EDUCATIONAL STATUS (N=25)*		
CHANGE	N	%
Decline†	5	20.0
No change	13	52.0
Positive Change	7	28.0

Slightly more Kickstart clients experienced a positive change (28%) versus a negative change (20%) in educational status from intake to most recent assessment. Some clients may not be pursuing improvements in education due to current employment.

*Change in educational status for participants with an intake and second assessment.

†A decline in educational status is considered a movement downward in the educational status domain chart above.

EMPLOYMENT STATUS

EMPLOYMENT STATUS DOMAINS	Intake (N=30) n (%)	Last Assessment (N=26) n (%)
Independent Competitive Employment	0 (0.0%)	0 (0.0%)
Assisted Competitive	4 (13.3%)	8 (30.8%)
Job Coach	1 (3.3%)	1 (3.8%)
Transitional Employment	0 (0.0%)	0 (0.0%)
Agency Paid Transitional Employment	0 (0.0%)	0 (0.0%)
In-House Transitional Employment	0 (0.0%)	0 (0.0%)
Work Crew	0 (0.0%)	0 (0.0%)
Sporadic/Casual Employment	0 (0.0%)	0 (0.0%)
Non-paid Work Experience	1 (3.3%)	3 (11.5%)
Exploring Employment	0 (0.0%)	1 (3.8%)
Considering Employment	6 (20.0%)	5 (19.2%)
No Employment of Any Kind	5 (16.7%)	5 (19.2%)
Missing	13 (43.3%)	3 (11.5%)

A greater percentage of Kickstart clients were employed or engaged in work experience at most recent assessment (46%), as compared to intake (20%).

CHANGE IN EMPLOYMENT STATUS (N=20)*

CHANGE	N	%
Decline†	2	10.0
No change	6	30.0
Positive Change	12	60.0

Sixty percent of Kickstart clients experienced a positive change in employment status from intake to most recent assessment. Some clients may not be pursuing improvements in employment due to current educational status.

*Change in employment status for participants with an intake and second assessment.

†A decline in employment status is considered a movement downward in the employment status domain chart above.

FAMILY MEMBER PARTICIPATION

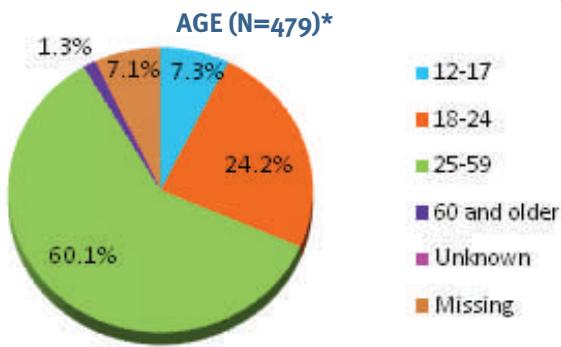
FAMILY EDUCATION WORKSHOP*

Of the 79 caregivers who attended the family psycho-education group and completed both a pre-test and a post-test, 33 (41.8%) demonstrated an increase in knowledge of how to support youth with prodromal symptoms. Additionally, 18 caregivers (22.8%) had a perfect score on both the pre-test and the post-test.

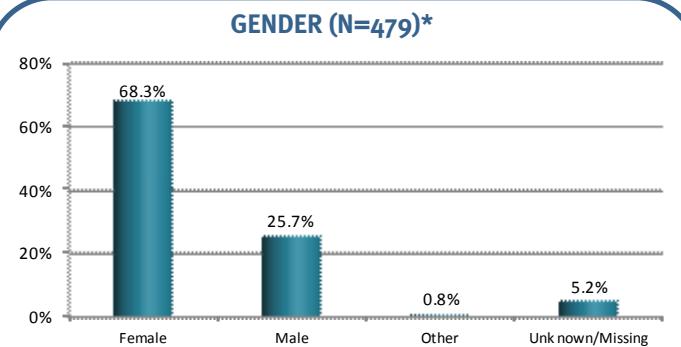
*May include duplicate clients.

COMMUNITY SEMINARS OUTREACH COMPONENT

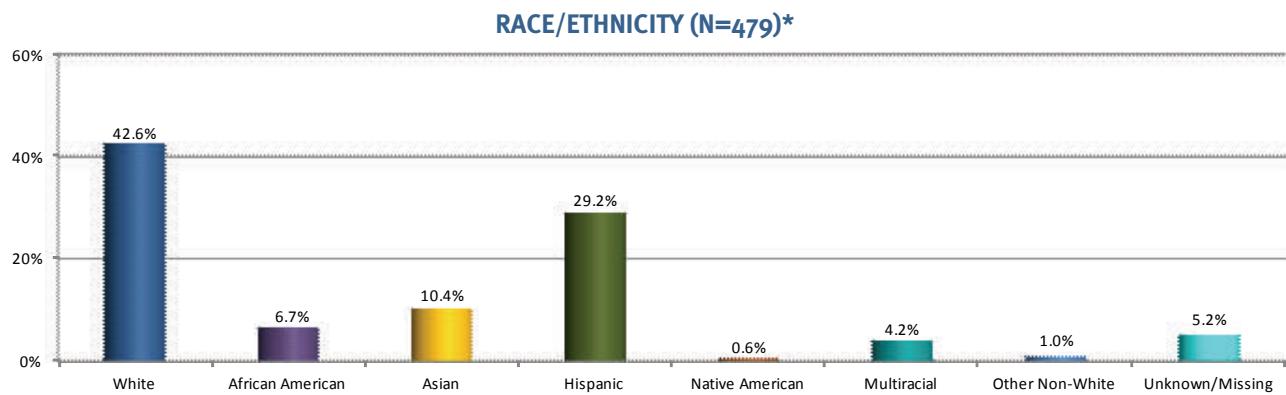
DEMOGRAPHICS



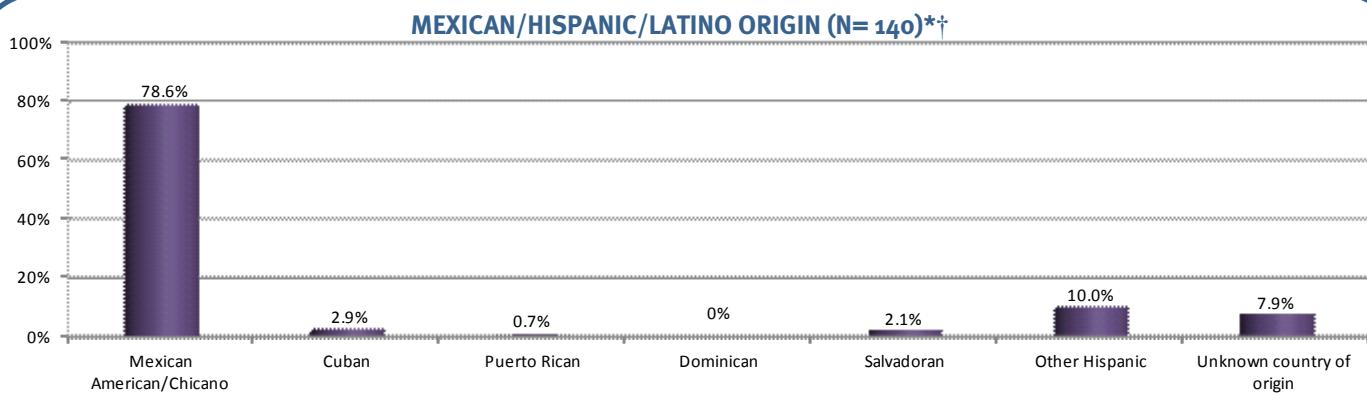
More than 84% of community members that were served by the outreach component were ages 18-59.



Approximately 68% of the community members who participated in the outreach component were female.



Seventy-two percent of community members who participated in the outreach component identified their ethnic background as White or Hispanic.



Seventy-nine percent of the Hispanic population served identified their ethnic background as Mexican American/ Chicano.

*Outreach demographics may include duplicated clients.

†Participants can self-identify as more than one race so percentages may add up to more than 100%.

COMMUNITY ROLE	
EMPLOYMENT STATUS DOMAINS	FY12-13 (N=479)* n (%)
PROFESSIONALS	
Medical Professional	19 (4.0%)
Mental Health Professional	110 (23.0%)
School Professional	65 (13.6%)
Law Enforcement Professional	5 (1.0%)
Substance Abuse Counselor	17 (3.5%)
Employer	21 (4.4%)
COMMUNITY MEMBERS AND LEADERS	
Member of Community Group	55 (11.5%)
Multicultural Leader	10 (2.1%)
Member of Clergy	5 (1.0%)
Member of Media	1 (0.2%)
Parent	52 (10.9%)
STUDENTS AND STUDENT LEADERS	
Youth Worker	59 (12.3%)
College Resident Assistant	5 (1.0%)
Middle School Student	4 (0.8%)
High School Student	35 (7.3%)
College Student	185 (38.6%)

Thirty-seven percent of the participants in the outreach program were mental health or school professionals.

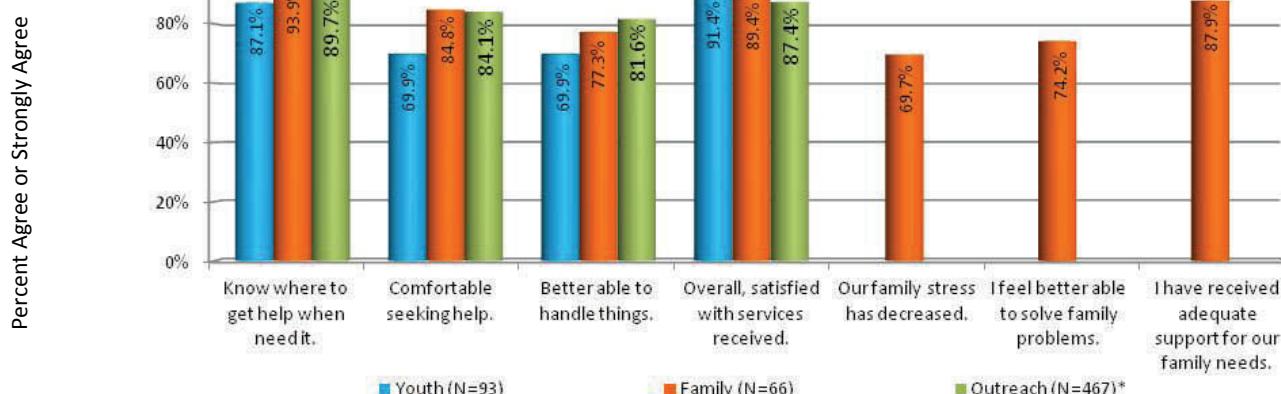
**Participants can self-identify as more than one role so numbers and percentages may add up to more than the N or 100%.*

GATEKEEPER TRAINING

Of the 479 community members who attended the outreach trainings and completed both a pre-test and a post-test, 341 (71.2%) demonstrated an increase in knowledge of risk factors for the development of psychosis and early intervention procedures. Additionally, 37 community members (7.7%) had a perfect score on both the pre-test and the post-test.

KICKSTART PARTICIPANT SATISFACTION

SATISFACTION



Most of the youth, caregivers, and community members who responded to satisfaction questions agreed that they were better able to handle things and solve problems as a result of the Kickstart program.

* "Know where to get help" had N=465; "Comfortable seeking help" had N=466; Overall satisfaction had N=462.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California at San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded mental health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

